

HCPF Person- and Family-Centered Approach: Creating a Culture of Collaboration with Clients

February 22, 2016

Questions and Responses from our Stakeholder Meeting

Do you have a plan to engage clients more in program or benefit design or any efforts to improve health outcomes?

Our work closely aligns with the work of other sections in the Department, including the Benefits Collaborative, and the Accountable Care Collaborative.

The **Benefits Collaborative** serves as the Department's formal coverage standard development process, which ensures that benefit coverage standards:

- Are based on the best available clinical evidence and best practices;
- Outline the appropriate amount, scope and duration of Medicaid services;
- Are cost effective and set reasonable limits upon those services; and
- Promote the health and functioning of Medicaid clients.

For more information on the Benefits Collaborative go to Colorado.gov/HCPF/Benefits-Collaborative.

The vision of the **Accountable Care Collaborative (ACC)** is that the Medicaid delivery system will be redesigned to be person-centered and fully integrated, so Medicaid clients have the best possible health outcomes while the state controls costs. For more information on the ACC go to Colorado.gov/HCPF/ACC.

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Can this serve as a leadership training opportunity for other advisory committees that need the consumer voice (e.g. ACC, PIAC)?

The Department is committed to using lessons learned from our Person- and Family-Centeredness Advisory Councils to help inform the work of other advisory committees. For example, we have been collaborating with the Office of Community Living Quality Improvement Committee (CLQIC) on recruitment and providing person- and family-centeredness guidance.

Any plan on using this approach to increase cultural sensitivity?

We view cultural sensitivity and cultural competency as a part of person- and family-centeredness, and will continue to look into ways to increase our cultural sensitivity, including ensuring that our Advisory Council represents the diversity of the Colorado Medicaid population.

What are ways that front line providers are included in your process?

Extending person- and family-centeredness principles to front line providers, vendors and contractors will be part of our focus for Phase II of this work. Please email us at HCPF_PeopleFirst@state.co.us with your ideas about which providers, vendors or contractors would receive the greatest benefit from this work.

What are your plans for publishing information about this work so others (stakeholders, etc.) can give feedback?

We plan to publish quarterly updates on our website at: Colorado.gov/HCPF/person-and-family-centeredness-advisory-councils/, with opportunities for you to provide feedback.

Are there any plans for having training for providers on what person-centeredness is, or how to implement it?

Yes, extending person- and family-centeredness principles to front line providers, vendors and contractors will be part of our focus for Phase II of this work. In addition, the Division for Intellectual and Developmental Disabilities (DIDD) has leveraged funds from the Colorado General Assembly to provide state-wide training to service providers with the goal of pervasive culture change to incorporate person-centered training in service delivery to waiver participants at all levels. For more information go to <http://www.copct.org/#!initiativebackground/cvce>



Are there plans to extend the person-centeredness concept/approach to the contractors the Department collaborates with? Since oftentimes their work directly touches the client and engagement can be pretty robust, it's important to emphasize that approach.

This is high on our list of plans going forward and we are currently seeking feedback on where in the Medicaid and/or CHP+ member experience person-centered principles can have the most impact. If you'd like to provide input, please complete the survey here: <https://www.surveymonkey.com/r/QMGVLCH>.

When you talk about person-centered care are we including the children on the Medicaid waivers as well?

Yes, all people are included.

You want to hear more!

These topics will be addressed in our next quarterly update, posted at [Colorado.gov/HCPF/person-and-family-centeredness-advisory-councils/](https://colorado.gov/HCPF/person-and-family-centeredness-advisory-councils/)

- How are you involving the Behavioral Health Organizations in this endeavor?
- How are you achieving "buy in" into the system in person-centered planning?
- How about other stakeholders (i.e., providers, community mental health centers)?
- I want to better understand the role of people with disabilities in this effort.
Please see our [Advisory Council demographics and recruitment needs](#) for current involvement of people with disabilities.

Other Comments and Suggestions:

- I think it's great that the Department is spear-heading this effort. It's great to hear and I'm anxious to see how it affects the guidelines we provide services under.
- Provide real-time PEAK Help Desk support that can deal with system issues or client-specific questions (vs. chat with general information).

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NOTE: The Department is part of ongoing efforts with our partners at OIT and CDHS to develop a PEAK support solution that would help meet the needs of both applicants and assistance sites.

- Provide a customer takeaway/handbook after application/enrollment.
- This is really cool! I'm excited to see it happen and can't wait to see more.
- Better educate all waiver case managers (in person- and family-centeredness).
- Keep the people in services in the forefront. Ask them what needs to change/stay the same. From the PCT training, use "What's Working/Not Working" model.
- I admire the work that's already been done and encourage you to move forward with these efforts!
- It would be great if there were some way to make this a lasting part of Department culture.
- Incorporate more stakeholder/provider involvement and provide more details as to how you will do this.
- BHI oversees a program with the Office of Behavioral Health (OBH) called the Transition Specialist Program. Assisting in the transition of clients from the state hospitals into the community. The Person-Centered Approach is very much how we want to move forward in "infecting" the behavioral health system in this approach.
- It seems being able to clearly define what person-centeredness is would be the next step. Just as those implementing trauma-informed care in mental health are working from clearly-defined constructs.
- At a concrete provider level, how do we actually integrate person-centered services with increasing need to fill out documentation and change individuals into numbers and norms (an important problem in pay for performance). I have found (as Barbara Ramsey noted) that providers almost desperately want to do this but are often frustrated by the time that bureaucratic needs require. Perhaps start with the story, then forms. Listen first, then begin to sort out what is needed and how to get it.



- Continue to implement surveys through the use of in-person versus other modes to develop a relationship with clients. Oftentimes, clients don't fully trust those they don't know with their personal information. When a face to face meeting occurs, they will more likely feel like their information is more meaningful and can truly make a difference in the outcomes of the survey.
- I love the idea of starting with internal culture. You are inspiring.

For more information contact

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